

B. JURISDICTION

COMPLETE ONE FOR EACH PROGRAM

Certified Oil Centers & Curbside are Exempt

Processing Source

Service Area

Agency

Address

City

State

Zip

County

Contact Person

Phone

Date of event

NAME OF AGENCY

No Contractor's Name

C. EPA ID NUMBER

D. SPONSORS

(Check all that apply)

-N /A

IF CONSOLIDATING BY PROGRAM TYPE

-ATTACH A LIST OF EPA'S WITH LOCATIONS

E. PROGRAM TYPE

*CHECK ONE ONLY

Permanent

Mobile

Temporary (periodic)

Recycle only program

Other

F. LOCATION

ONLY HHW PARTICIPANTS

(Check all that apply)

One site

At a transfer station

Multiple sites

On city property

Curbside

On county property

At a sanitary landfill

On private property

Other

G. PARTICIPATION

Number of participants

Participants

Number of days open

Days

Population of service area

People

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